

## INSTRUCTIONS FOR FILING A MISUSE COMPLAINT

### What is a Misuse Complaint?

A Misuse Complaint **includes**:

1. any alleged inappropriate inquiry, update, or disclosure of department record information.

A Misuse Complaint **DOES NOT INCLUDE**:

1. alleged or actual computer network security breach (hacker incident) that should be immediately reported to the **Information Protection Services Office (IPSO) at (916) 657-5830**;
2. any complaint of inappropriate conduct by an Occupational Licensee (OL) or identity theft/fraud issues that should be completed on Department form INV 172 and forwarded to the appropriate Investigations Division.

The "Misuse of Record Information Complaint" form is used to register a complaint regarding inappropriate **inquiry (unauthorized access), update (changing, adding or deleting information), or disclosure (release to an unauthorized person or entity)** of your department record information, including driver license/identification card or vehicle/vessel registration information. If you feel that your department record information has been accessed, updated, or disclosed inappropriately, please complete the form providing as much detail as available.

To help explain the details of your complaint, you must supply photocopies of those documents related to your complaint, if available. **Failure to provide details or sending your complaint to the wrong address may delay its processing.**

### – DO NOT SEND ORIGINAL DOCUMENTS –

Mail the completed complaint and copies of supporting documents to the Department of Motor Vehicles at the appropriate address provided below:

Type of alleged misuse...	by...	mail your completed complaint form and supporting documentation to ...
<ul style="list-style-type: none"> <li>• update, inquiry or disclose</li> </ul>	<ul style="list-style-type: none"> <li>• a <b>DMV EMPLOYEE</b></li> </ul>	Investigations Division Office of Internal Affairs Mail Station T197 PO Box 825389 Sacramento, CA 94232-3890
<ul style="list-style-type: none"> <li>• update</li> </ul>	<ul style="list-style-type: none"> <li>• law enforcement, other government entities, including toll road or parking agency, a court, tax assessor or collector</li> </ul>	Communication Programs Division Justice and Government Liaison Branch Mail Station H171 PO Box 932345 Sacramento, CA 94232-3450
<ul style="list-style-type: none"> <li>• update, inquiry or disclose</li> </ul>	<ul style="list-style-type: none"> <li>• California State Automobile Assn (CSAA)</li> <li>• Automobile Club of Southern California (ACSC)</li> <li>• National Automobile Club</li> </ul>	Registration Operations Division Revenue & Compliance Policy Mail Station D148 PO Box 825393 Sacramento, CA 94232-5393
<ul style="list-style-type: none"> <li>• update or disclose</li> </ul>	<ul style="list-style-type: none"> <li>• a Business Partner</li> <li>• Electronic Lien and Title or Service Provider - Registration Service</li> </ul>	Registration Operations Division Business Partner Administrator Mail Station C383 PO Box 825393 Sacramento, CA 94232-5393
<ul style="list-style-type: none"> <li>• inquiry or disclose</li> </ul>	<ul style="list-style-type: none"> <li>• an external entity such as insurance company, financial institution, attorney for motor vehicle related incidents, etc.</li> <li>• any other misuse complaint</li> </ul>	Communication Programs Division ISB Policy/Automation Mail Station H225 PO Box 942890 Sacramento, CA 94290-0890

**All complaints will be investigated, however, any inquiries that were made by law enforcement for an on-going investigation will not be disclosed.**

## MISUSE OF RECORD INFORMATION COMPLAINT

I have reason to believe that inappropriate inquiry, update or disclosure of my driver license/identification card and/or vehicle/vessel registration information has occurred. I wish to file a complaint against the person or business named below.

<b>COMPLAINANT</b>	YOUR NAME		DRIVER LICENSE/ID NUMBER	
	RESIDENCE ADDRESS		APT. NUMBER	DAYTIME TELEPHONE NUMBER (     )
	CITY		STATE	ZIP CODE
<b>COMPLAINT AGAINST</b>	PERSON'S NAME		DATE(S) ALLEGED MISUSE OCCURRED	
	BUSINESS NAME			
	ADDRESS			
	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (     )
	DID YOU COMPLAIN TO THE PERSON/BUSINESS <input type="checkbox"/> Yes <input type="checkbox"/> No			
	IF YES, LIST PERSON CONTACTED/TELEPHONE NUMBER			
	CONTACTED PERSON'S RESPONSE			
<b>EXPLANATION OF COMPLAINT</b>  (Please print or type)	DESCRIBE WHAT HAPPENED. INCLUDE THE DRIVER'S LICENSE AND/OR VEHICLE(S) LICENSE NUMBER(S) ABOUT WHICH THE INFORMATION WAS REQUESTED. ( <b>ATTACH COPIES OF RELEVANT DOCUMENTS OR ADDITIONAL SHEETS, IF NECESSARY.</b> ) BE AS SPECIFIC AS POSSIBLE, INCLUDE HOW YOU BECAME AWARE OF THIS VIOLATION.			

I certify under penalty of perjury that the information provided is true and accurate. I am aware that as a result of the DMV investigation, only criminal or administrative action against the business and/or individual will result. Any monetary judgment or award to me or other victims must be pursued (by me) in a civil claim. I further understand that information provided on this form is **open to public inspection** and may be subject to future release including, but not limited to, the business or individual against whom the complaint was filed. Confidential information such as telephone numbers, residence address, and DL/ID numbers will be removed prior to release.

SIGNATURE OF COMPLAINANT <b>X</b>	DATE
--------------------------------------	------

**Please See Instructions for Appropriate Mailing Address.**